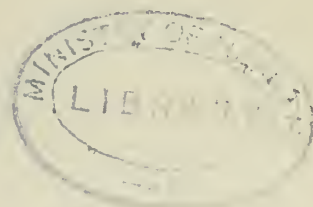


ILMINSTER URBAN DISTRICT COUNCIL



ANNUAL REPORT  
of

THE MEDICAL OFFICER OF HEALTH

For the year ended 31st December, 1953.



PUBLIC HEALTH OFFICERS

Medical Officer of Health.

A.M. McCall

M.R.C.S., L.R.C.P., D.P.H.

Deputy Medical Officer of Health

P.P. Fox

M.B., D.P.H.

Sanitary Inspector.

P.M. Walsh

L.A.B.S.S., M.R.I.P.H. & H., C.R. San. I.

PUBLIC HEALTH COMMITTEE

A.W.C. Gooch (Chairman)  
E.F. Britten  
F.S. Carpenter  
A.J. Clarke  
R.J.J. Denning  
R.E. Marks  
K.G. Whaites

HOUSING COMMITTEE

F.S. Carpenter (Chairman)  
H.F. Bartle  
P.S. Bowden  
E.F. Britten  
A.J. Clarke  
A.W.G. Copperthwaite  
L.C. Cornelius  
G. Davey  
R.J.J. Denning  
R.E. Marks  
A.W.C. Gooch  
K.G. Whaites



To the Chairman and Councillors of the Ilminster Urban District Council.

Mr. Chairman and Gentlemen,

I beg to submit my report for 1953.

The health of the town was satisfactory. There was no epidemics, in fact only 16 infectious diseases were notified. The health services continued to work smoothly.

As you will see from the text the Mass Radiography Unit visited Ilminster in January and over 700 persons availed themselves of the opportunity for Chest X-Ray. I am pleased to say no active case of Tuberculosis was discovered.

I have also drawn attention to the fact that Ministerial approval has now been given to Schemes for B.C.G. Vaccination of children in their last year at school. This is a further step in our endeavour to prevent the spread of Tuberculosis, and I hope that when I next report such a Scheme will be in operation in Somerset.

I would like to thank the Chairman and Members of the Public Health Committee for their help and the courtesy they have shown me during the year.


I am,

Mr. Chairman and Gentlemen ,

Your obedient Servant,

A.M. McCALL.

Medical Officer of Health.



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## SECTION A.

### Statistics and Social Conditions of the Area.

#### Population

The Registrar General gives the estimated mid year population of Ilminster for 1953 as 2,659. A slight increase on the previous year. Appendix A, Table I shows the main statistics for the town.

#### Birth Rate

The Birth Rate for the year was 16.9 per thousand, an increase on the previous year. If this figure is multiplied by the comparability factor which allows for sex and age differences in the population of Ilminster as compared with England and Wales as a whole, then the figure is 17 per thousand, which compares very favourably with the figure of 15.5 for the whole country. Full details can be seen in Appendix A, Table II.

#### Death Rate

The Death Rate was 9.47 per thousand, which is lower than last year. Again if corrected by application of the comparability factor, the figure is 8.71 as compared with 11.4 for England and Wales as a whole. Appendix A, Table III shows a list of the causes of death. Once again Heart Disease and Diseases of the Circulation proved to be by far the greatest causes of death. This year Cancer is only responsible for 3 deaths.

#### Infant Mortality

There were no cases of infant mortality during the year, but there was one stillbirth.

#### Maternal Mortality

I am pleased to be able to report once again that there were no cases of maternal death in Ilminster during 1953.

#### Social Conditions

Your social services were unchanged during the year and unemployment remained at a low level.

There is no Old People's Club in Ilminster, but towards the end of the year steps were being taken to form one, and I hope in my next report to be able to give some details of this much needed activity.







## SECTION B.

### General Provision of Health Services in the Area

The health services are now mainly the responsibility of the County Council and policy is defined by them, local details are left to the area Medical Officers. This system has worked satisfactorily in Ilminster during the year.

#### Maternity Services

This work is mainly carried out by the general practitioners, assisted by the district nurse. Many expectant mothers choose to have their ante natal supervision carried out by their own doctor; this may be done at home or in the practitioner's surgery. No County ante natal clinics are held. The general practitioners attend the majority of home confinements and those taking place at Crewkerne hospital where a considerable number of Ilminster mothers go. The general practitioners assess the need for specialist opinion or treatment and conduct the post natal examinations.

#### Infant Welfare Clinic

A Child Welfare Clinic is held every week and a doctor is in attendance fortnightly to advise mothers and immunise children who attend. At alternative sessions the district nurses are present to answer all queries and to assist mothers who are in difficulties. Transport is provided to bring in mothers and young children from outlying villages. Full details of attendance will be seen in Appendix B, Table I.

#### Immunisation

Children under five years of age are immunised by the private practitioners and at the Child Welfare Clinic. I, as School Medical Officer, do most of the children of school age. Of a total of sixty children immunised during the year, I did forty eight.

Vaccination is carried out by private practitioners at the request of parents. Last year I reported that the number was unsatisfactory. I am most pleased to say that there has been a considerable increase and forty-six persons were vaccinated including five re-vaccinations in 1953



### Domiciliary Nursing

The District Nurse continued to attend expectant and nursing mothers in their homes with the private practitioner supervising the case. Unfortunately our Nurse left during the year and since then it has not been possible to appoint a permanent nurse to the town. However, in spite of these setbacks the District Nurse and her successors have made <sup>approximately</sup> 3,500 visits to homes in connection with the above and duties for the purpose of general nursing during the year.

### Health Visiting

The Health visiting of the town is done by Mrs. Pitt. This entails her attendance at all school medical inspections, follow-up of all defects noted and the visiting and supervision of any special cases. She is, in addition, the T.B. Health Visitor. She attends the out-patient sessions at the sanatorium and is in constant contact with the Area Chest Physician. Her help has been invaluable in following up the contacts of new cases and her advice is always sought when a question of these patients being re-housed is under consideration.

### Home Help

This service, the responsibility of the County Council, is organised from Taunton. When a home help is required, the area supervisor is contacted. She visits the home and having assessed the amount and type of help required, instructs the appropriate helper to attend.

### School Medical Service

Under the present system schoolchildren are given full medical inspection on entering the infants' school, on transfer from the junior school to the senior and in their last year of school life. If any defect is found at these inspections then a child is seen at every subsequent examination until the defect has been remedied. In addition, any special cases referred, either by the private doctor, the parents or the teachers, are similarly dealt with. When I, as School Medical Inspector, find a child with a defect which requires treatment from the private practitioner, I refer the case to him by letter. If it is a defect which I consider requires specialist opinion, I first write to the general practitioner involved





asking his permission and when this is granted I obtain the necessary appointment. The specialist's report is always sent to the private practitioner with a copy to the School Medical Officer. In this way we endeavour to bring about closer integration of the service provided by the local health authority with the general medical and specialist services. Full details of my work in this connection are shown in Appendix B, Table 2.

In addition to the normal physical inspection for children, I am the Medical Officer in the area approved by the Ministry of Education for the ascertainment of educationally sub normal pupils. When a child fails to make normal progress in school and appears to be two or more years behind average attainment I make a special mental examination with a view to getting an exact idea of their Intelligence Quotient. Following this examination I can advise the Education Committee on the best method of dealing with the child be it by special methods in the present school, in a special school or in extreme cases they may be found to be ineducable. These reports are considered by a special education sub-committee who then finally decide where a child shall be placed so that it can gain most value from the education system.

#### School Dental Service

There is no school dentist for the Ilminster Urban District area so that no schools have received a routine inspection since 1948. However, a dental surgeon commenced to practise in the town during the year and has seen a very large number of Ilminster schoolchildren.

#### Ophthalmic Surgeon

The children in the County Council schools have their eyes examined by the School Medical Officer and any defects are referred to the special ophthalmologist who holds clinics at Taunton Hospital. Once a defect has been discovered the child is seen at every subsequent medical inspection and if there are any defects such as unsatisfactory glasses etc. they are speedily remedied.



### Orthopaedic Service

Clinics are held in Taunton and where necessary transport has been provided for children in the Ilminster area to enable them to keep their appointments. Whenever the orthopaedic specialist sees a schoolchild he sends a report to the School Medical Officer so that his wishes in the case can be observed during school time as well as at home. This system works well.

### Epileptics and Spastics

Any cases of epilepsy occurring in the area are referred to a specialist at Taunton who is able to carry out Electro-Encephalogram and other necessary investigations and then advise on the correct course of treatment. A copy of his report is always available to the school Medical Officer if the patient be of school age. Where it is considered necessary for a schoolchild to attend a special school on account of the disease, it is possible to have them admitted to the Chalfont Colony where the Somerset County Council maintain a certain number of students.

Spastic children are in the care of orthopaedic specialists who see them at regular intervals. Any operative treatment usually takes place at the Bath Orthopaedic Hospital. Some attend the ordinary but when special training is required they may be recommended for admission to special centres such as St. Loyes at Exeter.

### Blind Persons

One case of loss of vision due to cataract was reported in the Town during the year. The case received treatment and was being kept under observation.

There are 8 registered blind persons in the Urban District.





## S E C T I O N   C

### Prevalence and Control over Infectious Diseases and Other Diseases

A summary of notifications will be seen in Appendix C, Table I.

1953 was a very satisfactory year as far as infectious diseases were concerned and only eighteen cases were reported. There were a few cases of measles at the beginning of the year, no cases of infantile paralysis occurred. Two cases of respiratory Tuberculosis were notified and all contacts were rigorously followed up, each being given a chest X-Ray and subsequent appointment to attend the outpatient sessions of the Area Chest Physician.

The Mass Radiography Unit visited Ilminster in January and 719 persons attended for X-Ray. Of this number no active lesion was found and only six inactive cases discovered. Of these, two were referred to their doctors and four placed on the outpatient list of the sanatorium. The above figures include 188 Ilminster school-children who were X-Rayed and I am pleased to say that no T.B. lesion whatsoever was found in any of them. Apart from Tuberculosis, eight other abnormalities were detected, five of which required treatment. Full details are shown in Appendix C, Table II. The visits of this Unit are greatly appreciated and it is my endeavour to make them an annual event.

#### B.C.G.

That a reliable vaccine is the most effective means of bringing disease due to micro-organisms under control is now one of the truisms of preventive medicine. Small-pox, typhoid fever and diphtheria are classical examples of how much can be achieved in this way. T.B. has long seemed to be a disease which should lend itself to similar control, and indeed it was as long ago as 1908 that B.C.G. vaccine - so called after its discoverers Calinette and Guerm - was introduced. Largely because of uncritical appraisement of the results, this vaccine fell into disfavour and it was not until many years later, mainly as a result of carefully controlled investigations by scandinavian workers that its potentialities for good were convincingly demonstrated.



In 1949 official permission was finally given for the use of B.C.G. vaccine in this country. In the first instance it was offered to nurses and medical staff in hospital and at the discretion of chest physicians, to the close home contacts of tuberculous cases. A further step has now been taken, The Ministry of Health has informed Local Health Authorities (e.g. The County Council), that he is prepared to approve schemes for giving B.C.G. vaccine to children before leaving school. This is a decision which will be widely welcomed and is no doubt receiving careful consideration by the ... Somerset County Council.



Environmental Health ServicesA.    Sanitary CircumstancesClimatic Conditions

The rainfall was normal for the first half of the year but during the late summer and right up to December there was very little rain and the final figure was well below the normal annual fall.

Water Supply    The quality of the water was satisfactory throughout the year, samples were taken regularly. Although the quantity was sufficient for the needs of the Urban District, the bulk supply to the Chard Rural District had to be reduced during the late summer and they were informed that there is a possibility that we might be unable to continue this supply in the future. The only extension made during the year was to the Butts Council housing site No. 4 at the cost of about £200. The only future extensions envisaged are for new housing projects

Drainage and Sewage

The method of sewage disposal is unchanged and not satisfactory. A scheme is being prepared for submission to the Ministry. It envisages a new sewage disposal works at the approximate cost of £12,500.

Public Cleansing    Refuse Collection is carried out once weekly by direct labour. In addition trade refuse is collected on request as private works.

Rodent Control    Routine inspection and treatment was carried out throughout the year. Test baiting of sewers was done at regular intervals.

Swimming Baths    There are no public swimming baths in the town but there is one at the Boys' Grammar School. Some difficulty was experienced with its chlorination during the summer owing to the fact that the source of supply was found to be fairly heavily polluted. This was temporarily overcome but undoubtedly the manual method of chlorination is not a satisfactory method and this bath needs careful supervision during the swimming season. It is also used by the Girls' Grammar School and the County Council's attention was drawn to the







fact that no lavatory accommodation is provided near the baths for girls. They agreed to consider the provision of such accommodation before the next season commenced.

#### B. Factories Act

Details of inspections will be found in Appendix D, Table II.

#### C. Housing

Forty-two permanent houses were completed during the year, twelve by private enterprise. In addition a further thirty-nine were in the course of erection. No recent housing survey has been carried out in the town so that the figures given in Appendix D, Table III are only approximate and based on previous annual reports.

I think the time has come when all houses of £10 rateable value and below, should be inspected and categorised. In this way an accurate estimate of the Council's housing need can be arrived at. In addition the Council can secure essential repairs by a statutory notice if necessary. This would undoubtedly give a large number of residents in the Urban District better housing conditions than they at present enjoy and would probably save the Council money in the long run. Many landlords have failed to carry out necessary running repairs with the result that the fabric of the house is rapidly falling into decay. Eventually the Council will be forced to re-house tenants of such property unless energetic steps are taken now to forestall such an unsatisfactory situation.

#### D. Inspection and Supervision of Food

Milk There are four registered distributors and one registered dairy premise in the area. The County Council carried out routine sampling details of which are found in Appendix D, Table IV. It will be noticed that only one unsatisfactory sample was found out of a very large number taken.

Ice-Cream No ice cream is manufactured in the town but twelve premises are registered for the sale of pre-packed products. Two samples were taken and both proved to be satisfactory.

Meat There are no slaughter houses in use under the Ministry of Food but two private/slaughter houses were registered. A small quantity of meat was condemned by the Sanitary Inspector in butcher's shops.



Only informal action was taken under the Bye-Laws relating to Section 15 of the Food and Drugs Act 1938. These Bye-Laws were adopted in August 1950.



APPENDIX A      TABLE 1.

Registrar General's estimate of population mid 1953	....	....	....	....	2,659
Area	....	....	....	....	531 acres
Number of inhabited houses at the end of 1953 according to Rate Book	....	....	....	....	896
Rateable Value	....	....	....	....	£15,062
Sum represented by a penny rate	....	....	....	....	£59

APPENDIX A      TABLE 2.

BIRTH RATE	16.9 per thousand	Comparability Factor	1.01	M.	F.
Live Births	Total			25	20
	Legitimate			25	20
	Illegitimate			-	-
Still Births	Total			-	1
	Legitimate			-	1
	Illegitimate			-	-

APPENDIX A      TABLE 3.

TABLE OF DEATHS	Total	M.	F.
	25	17	8
Death Rate 9.47 per thousand	Comparability Factor .92		
<u>Causes of Death</u>	<u>Total</u>		
Heart Disease	7	4	3
Diseases of the Circulation	6	5	1
Cancer (all forms)	3	2	1
Suicide	2	-	2
Infective and Parasitic	1	1	-
Peptic Ulcer	1	-	1
Other Disease (ill defined)	4	4	-



APPENDIX B TABLE 1.

Ilminster Infant Welfare Centre

Statistics for the twelve months ended 31st December 1953.

1. Number of children who first attended during the year and who on the attendance were:-  

(a) Under 1 year of age	....	60
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2. Number of children in attendance at end of year who were then:-  

(a) Under 1 year of age	....	50
(b) Over 1 year of age	....	185
3. Total attendances during the year made by:-  

(a) Children under 1 year	....	698
(b) Children over 1. year	....	838
(c) Mothers	....	1171
4. Number of individual mothers who attended during the year ... 139
5. (a) Total number of sessions held .... 52  

(i) With Medical Officer	....	26
(ii) Other sessions	....	26

  
(b) Number of children examined by Doctor .... 116  
(c) Total number of medical consultations .... 279





APPENDIX B TABLE 2.

<u>Name of School.</u>	<u>No. on Roll.</u>	<u>No. Inspected.</u>	<u>No. Immunised</u>	<u>Date of Inspection</u>	<u>Children having Milk.</u>	<u>Children having Dinners</u>
Ilminster Boys'	-	-	19	-	-	-
Ilminster Girls'	66	20	4	4. 3.53.	95.45%	68.18%
Ilminster Boys' Grammar.	$\frac{149}{159}$	$\frac{41}{53}$	-	13. 7.53. 4.11.53.	83.89% 81.76%	50.33% 53.74%
Ilminster Infants'	129	81	43	11/13. 3.53.	89.14%	46.51%
Ilminster Secondary Modern.	262	124	-	8/9. 7.53.	45.80%	61.68%



APPENDIX C TABLE 1

Infectious Diseases

Scarlet Fever	6
Measles	10

ANALYSIS OF CASES NOTIFIED

	Under 1 yr.	1-2	2-3	3-4	4-5	5-10	10-15	15-20	20-35	35-45	45-65	65+	Age un- known
Scarlet Fever			1		1	4							
Measles		1	3		1	5							

Age Group	TUBERCULOSIS							
	New Cases				Deaths			
	Respiratory	Non Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory	Respiratory	Non-Respiratory
	M.	F.	M.	F.	M.	F.	M.	F.
- 1								
1- 5								
5-15								
15-25								
25-35	1							
35-45								
45-55								
55-65	1							
65+								
Totals	2							



APPENDIX D TABLE 1

Water Supply

Piped Supplies - results of samples taken for analysis:

<u>Raw Water</u>				<u>Treated after going into supply</u>			
<u>Bacteriological</u>		<u>Chemical</u>		<u>Bacteriological</u>		<u>Chemical</u>	
Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory	Satis- factory	Unsatis- factory
-	-	-	-	4	-	1	-

Water Supplies from public mains:

<u>Direct to Houses</u>		<u>By means of Standpipes</u>	
No. of Dwelling houses.	Population	No. of Dwelling houses	Population
662	2,000	250	659

APPENDIX D TABLE 2.

Factories Act 1937.

Inspections for the purpose of provisions as to  
Health (including Inspections made by the  
Sanitary Inspector)

Premises	Number on Register	Inspections	Written Notices	Occupiers Prosecuted
Factories in which Section 1,2,3,4, and 6, are to be en- forced by Local Authorities.	17	30	-	-
Factories not in- cluded in (i) in which Section 7 is enforced by the Local Authority	13	20	-	-
Total	30	50	-	-

Outwork

No. of outworkers In August List required by Section 110	....	....	....	5 (making wearing apparel)
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# APPENDIX D TABLE 3.

## Housing

Houses erected during the year	Houses in course of erection	Conversion to Flats or Dwellings	Temporary such as Army Huts etc.
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<u>Local Authority.</u>	<u>Perm.</u>	<u>Temp.</u>	<u>Perm.</u>	<u>Temp.</u>	<u>Perm.</u>	<u>Temp.</u>	<u>Perm.</u>	<u>Temp.</u>
Local Authority	30	-	34	-	-	-	-	-
Private Enter- prise	12	-	5	-	-	-	-	-
	42	-	39	-	-	-	-	-

Inclusive of those above built during the year:-

Total number of houses in the District ...	913
" " " " owned by Local Authority	156

<u>No. of Post War Houses erected to</u>	<u>Programme for 1954.</u>
<u>31st December, 1955.</u>	

By Local Authority.	By Private Enterprise.	By Local Authority.	By Priv- ate Enterprise
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106	32	17	-
-----	----	----	---

(a) No. of unfit houses in the District but on which no formal action has been taken ....	....	....	150
(b) No. of houses that have been condemned under the Housing Acts as totally unfit ....	....	....	1
(c) No. of houses occupied under (a) ....	....	....	150
(d) No. of houses occupied under (b) ....	....	....	1

## Houses required

(i) To replace those unfit under (a) ....	75
(ii) To replace those unfit under (b) ....	1
(iii) To overcome unsatisfactory conditions, e.g. two families living in same house but included in (i) or (ii) ....	30

(Estimated)

Total number of applicants for Council Houses at the end of the year ....	150
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